Section of Emergency Medical Services EMT and Advanced EMT Accreditation Manual



ARKANSAS DEPARTMENT OF HEALTH SECTION OF EMREGENCY MEDICAL SERVICES

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INTRODUCTION

Education and training is the foundation of EMS in Arkansas. There are no out-of-hospital emergency care professionals who need to know more, or less, than any other because of the structure of their organization or the community in which they work. All health care professionals play a vital role and must be prepared to meet the needs of their area. To accomplish this, EMS education and training should be an effort in which the results are dependent on planning, preparation and successful execution of the objectives of the program. A significant amount of evaluating options and planning for contingencies should be a part of any proposal to begin a new program for initial training of EMS personnel. EMS training should be available to those who need it in a convenient form of the highest possible quality. At the same time, EMS should promote its own growth and acceptance within the ranks of the allied health professions.

Acceptance of EMS as a true profession will not occur until such time as its members consistently receive quality education. As a relatively new and developing profession, Arkansas EMS should be continually progressing towards that goal; but as we are a developing profession and as Arkansas is a diverse state with resources which vary tremendously from region to region.

The Section of Emergency Medical Services (Section) is charged with ensuring quality in pre-hospital emergency medical care and this is accomplished in part by establishing training standards for EMS personnel with input from the medical community and advisory committees. As the Educational Facility and Training Site Coordinator, you are responsible for conducting each course in accordance with these training standards, and ultimately preparing each student for certification and State licensure.

This manual is designed to acquaint the EMT and Advanced EMT training sites with the requirements that must be met in order for a course to be approved and recognized by the Section. A thorough knowledge of the material contained herein will ensure an organized, high-quality training program.

The Section recommends that you take the time to read through this manual and if you have any training and certification questions, please contact the Section at 501-661-2262 and ask for the Certification and Licensure Administrator.

GENERAL STANDARDS FOR EMERGENCY MEDICAL SERVICES EDUCATIONAL PROGRAMS

EMT and AEMT programs that are being taught under a Training Site that currently teaches Paramedic courses and is CoAEMSP Accredited will be considered accredited by the Section and will follow the CoAEMSP guidelines.

- 1. EMT and AEMT Training Site Accreditation will be for a three (3) year period.
- 2. The Section representative will use the Training Site Inspection Check List to confirm that all materials and equipment is available to conduct an EMT or AEMT course. (**Appendix 1**)
- 2. Section personnel shall have unconditional access to all educational activities and records described in the Accreditation Manual for Quality Assurance Reviews.

- 3. All information regarding students shall be treated as confidential. Publication of any information that would identify an individual is prohibited except upon written consent of that individual.
- 4. The duties and responsibilities as Training Site Representatives are to be performed personally and shall not be assigned or transferred to any other individual or company without a written request made to Section by the Training Site Representative, except in cases where the Training Site Representative is unable due to extraordinary circumstances. (See Training Site Representatives responsibilities for further detail.)
- 5. Training Site Representatives shall be on file with the Section.
- 6. The Training Site Representative will be held accountable for any attempt by individuals under their oversight to compromise the integrity of the state's psychomotor skills exam
- 7. In order for a course to be approved and recognized by the Section, each course must have a Training Site Representative and primary instructor.
- 8. The National EMS Education Standards are not open to modification, interpretation, or change.
- 9. The Training Site Representative shall meet the standards of practice and conduct in all interactions students are involved with.

EMS TRAINING ORGANIZATION AND POSITIONS

Course Medical Oversight Requirements and Responsibilities:

The course medical oversight shall:

- 1. Be a Arkansas licensed medical doctor, with emergency medical experience who will act as the ultimate medical authority regarding course content, procedures, and protocols.
- 2. Assist in recruiting medical experts to present materials in class and act as a liaison between the course and the medical community.
- 3. Approve, along with the Training Site Representative, all Instructors and course personnel.
- 4. Review the quality of care rendered by the EMS student in the clinical and field settings.
- 5. Ensure student completion and competence in all Content areas, Elaboration of knowledge, Clinical behaviors and judgment, and Educational Infrastructure as outlined in the National EMS Education Standards; and in Psychomotor Skills of the National EMS Scope of Practice Model.
- 6. Co-sign all documents recommending or not recommending student for certification.
- 7. Review all examinations and student remediation activities.

Training Site Representative Requirements and Responsibilities

The Training Site Representative shall:

- 1) Act as liaison between students, sponsoring agency, local medical community and the Section.
- 2) Assure completion of the course goals, objectives, information, and training standards set forth in the National Education Standards, Training Site Representative Manual, Section policies, and rules and regulations.
- 3) Ensure the Sections course standards are met:
 - A. Video presentations, online instruction, and interactive media shall not be used in lieu of an Instructor, without the Sections approval. Online or other media resources shall not comprise more than fifty percent (50%) of course time or materials presentation.
 - B. Class size should be conducive for optimal education and learning objectives.
 - C. A ratio of one EMS Instructor to a maximum of six students should be maintained during practical sessions.
 - D. Provide adequate physical environment for the success of the overall program to include:
 - 1. Safe and comfortable seating for all students.
 - 2. Adequate space for skills demonstration and practice.
 - 3. Adequate heating/cooling, ventilation, lighting, and rest room facilities.
 - 4. Appropriate housekeeping.
 - 5. Adequate amount of space or breakout rooms for practical skills demonstration.
 - 6. Store and maintain equipment in a secure, clean, dry place. It is recommended that all the required equipment for the program be stored at the teaching facility to assure availability for its use.
- 4) Ensure that all equipment required needed for the course (i.e. Arkansas Department of Health, Section of EMS list, Appendix 1) is available for student use at the course location without removing any equipment from a licensed ambulance. Arkansas Department of Health, Section of EMS can inspect the course site at anytime during the course.
- 5) Ensure all necessary instructors are present prior to the start of each class.
- 6) The lead instructor must be on site and physically available to their course's students and instructors 90% of the time to assure course continuity.
- 7) Any training site may offer concurrent courses providing the following criterion has been met.
- 8) There must be adequate equipment and instructors available for each course offered to insure that each student has appropriate access to each needed item. In the case of concurrent courses, a training site must be able to demonstrate that no conflict in equipment

availability for each student exists.

- 9) If there is a change in the lead instructor during the course the Section must be contact immediately with the current instructor.
 - A. An email or written letter requesting the change should be mailed to the Section of EMS
 - B. The letter must contain the following:
 - 1. Reason for the lead instructor having to step down.
 - 2. The name of the new lead instructor and the understanding that the new instructor assumes full and complete responsibility that all requirements for training will be met.
 - C. Signatures from both the current and purposed Training Site Representative.
- 10) If educational institution feels a change in the lead instructor is needed due to the lead instructor deviating from the EMS education standards the Section should be contacted immediately with a plan of correction.

Primary Instructor Requirements and Responsibilities:

The Primary Instructor shall:

- 1. Be knowledgeable in all aspects of pre-hospital emergency care, techniques of adult education, and management of resources and personnel.
- 2. Successfully complete a Section approved program in EMS instruction and be currently licensed as an EMS Instructor.
- 3. Be in attendance at all applicable courses 90% of the time to assure program continuity.
- 4. Identify students who have achieved and completed the cognitive, affective, and psychomotor skills necessary to function as an EMS professional.
- 5. Ensure that each student has successfully demonstrated competency in all of the psychomotor objectives and additional skills identified. These skills are listed on the practical training record found in the student handbook.

Assistant Instructor(s) Requirements and Responsibilities:

The Assistant Instructor shall:

- 1. Assist the primary instructor with practical skills demonstration.
- 2. Assist the primary instructor in planning and facilitation of practice designed to develop and evaluate student skill competencies.
- 3. Assist the primary instructor in planning and facilitation of verifying skill competency of each student.

Practical Instructors Requirements and Responsibilities:

All instructors evaluating and assisting with practical sessions must be currently certified as EMS instructors and certified to at least the level of the course.

Note: Coordinators may utilize individuals who are knowledgeable in different areas to present lectures and skills; however, only Section licensed Instructors are authorized to document successful completion of skills and curriculum objectives on the practical training record.

COURSE DOCUMENTATION AND RECORDS

Course Requests:

- 1. Prior to requesting a course, the Training Site Representative is responsible to ensure that all paperwork needed to request a course is complete.
- 2. The following documents and fees must be submitted to the Section no later than 15 days prior to the start date of the course (All Courses) or late fees will be applied:
 - A. A course request must be submitted. The course request can be found at www.healthy.arkansas.gov.
 - B. A course schedule listing date, time, presenters, primary Instructor, EMS instructors, breakdown of instructional schedule and location of the course. Any course schedule that does not have the entire required lessons will not be approved. The AEMT must also include the applicable lessons on the course schedule.
- 4. If COMPLETED course request documents and fees are not received in the Section office or postmarked at least 15 calendar days before the date of the start of the course the course is subject to a delay in approval. Students in non-approved courses will not be eligible for licensure.

After the Start of the Course:

- Within 10 calendar days after the course starting date the following must be postmarked or delivered to the Section:
 - a. Completed, signed and notarized **Criminal History Forms**.
 - b. Completed Pink Tracking Sheets.
 - c. All applicable fees.

For more information regarding background checks look on our website

- 2. Within 3 weeks from the course end date the following must be postmarked or delivered to the Section:
 - a. Completed, Arkansas EMT Application (Bubble Form).
 - b. Copy of all students American Heart Association or American Red Cross for Health Care Providers CPR Card (Signed). **Class Rosters are not acceptable**
 - c. Verification that all students have completed their online NREMT application form.
 - d. Completed end of course letter
 - c. All applicable fees.
- 4. Ensure that students who wish to apply for licensure will be at least 18 years of age.

At the Completion of the Course:

Within 10 days after the course ends, the following must be postmarked or delivered to the Section or late fees may be applied:

- 1. Basic EMT Course Completion letter on training site letterhead with attached roster of candidates that tested. Check the letter for appropriate signatures; Medical Director, Training Site Representative and Instructor(s).
- 2. Completed examination roster with ALL candidate's pass/fail information
 - a. Training Site Name
 - b. Training Site Code
 - c. Course number (from class approval letter)
 - d. Exam Location,
 - e. Class Instructor(s)
 - f. Practical Exam Date
 - g. Course Completion Date
 - h. Candidate's legal name
 - i. SSN
 - j. Pass/Fail on the individual skills.
- 3. Individual psychomotor skill sheets Skills report form

- 4. Skills report form with the following information
 - a. School/Instructor,
 - b. Exam Site,
 - c. Candidate's legal name,
 - d. SSN
 - e. Complete mailing address

The EMT Instructor(s) must complete the remaining portion of the form Exam Date (Candidates are allowed only two (2) attempts on their initial test. Mark the appropriate Skill Stations that the Candidates are to test and check the Pass/Fail box. The EMT Instructor (s) administering the examination must sign the bottom of the form.

5. Return Psychomotor skills CEU form in Via online process.

Note: The Section recommends that you send the packet via UPS, FedEx or U.S. Postal service with a tracking policy in place. Packets returned incomplete will be returned to the instructor for correction and may delay your students' issuance of their licensure cards.

Retention of Records:

The educational facility must maintain at minimum the following records for a period as outlined by educational facilities policy:

- 1. Records of daily student attendance and performance for each lesson. Attendance forms should include date, total hours, subject, module, lesson, and objectives covered and a list of the applicable educators.
- 2. Results and content of evaluation <u>and</u> counseling sessions, including remediation forms as necessary. This should include comments, as appropriate, regarding the need for improvement of skills, knowledge, attitude, or personal habits.
- 3. Grades for each written examination and completed checklists for each skill evaluation.
- 7. Practical Training Record forms for each student, indicating all training has been completed and the student has demonstrated competency in all the psychomotor skills.
- 8. Instructor performance evaluations from the Training Site Representative and quality improvement surveys from the students for each instructor. This may also include the course evaluations.
- 9. Documentation that each student completed the required clinical experience (see clinical requirements), including the description of the clinical and field rotations (pre-hospital experience).
- Completed assessment logs.
- 11. Copies of any formal letters sent to the Section.

- 12. The final course schedule including all revisions and showing how the course was actually conducted including a roster of all EMS Instructors, stating full name and EMS number with the number of hours, subject(s), and date(s) taught.
- 13. An ongoing roster of all EMS Instructors, stating full name and EMS number with the course number, number of hours, subject(s), and date(s) taught.

COURSE QUALITY IMPROVEMENT AND QUALITY ASSURANCE

There is a distinction between Quality Improvement and Quality Assurance. Quality Improvement is a means to improve the program's effectiveness in providing a sound educational experience. Quality Assurance Reviews are a detailed inspection of the program's record keeping. Quality Improvement can be a collaborative effort between the training site representative and the Section to improve the educational program. Course Quality Assurance Reviews are an inspection conducted by the Section to ensure proper record keeping.

Quality Improvement

Quality Improvement is the means to improve the institutions program(s) through various processes. The goal is to improve the effectiveness and efficiency of the program(s), which, in turn, helps to ensure better courses. The program staff should evaluate the program's effectiveness once a course is completed. This evaluation should also include the student's point of view. This can be obtained by post-program evaluation surveys. To evaluate the program's effectiveness, the staff should ask the following questions:

- Did the program conform to the course design?
- Were the resources adequate?
- Were the skills labs effective?
- Did the guest speakers provide valuable information?
- Were the instructors effective in delivering the material?
- Can other instructional methods be incorporated in future courses?
- What were the participants' comments?
- How could the course be improved?
- Was the course cost effective?

At the end of the program a meeting should take place and be attended by all faculty members to determine if the course met the desired goals. Items reviewed should include content design, measurements, course completion criteria, and participant comments. When this process has been accomplished, adjustments may be indicated for future programs.

The Section can assist the training site representative with the Quality Improvement process in the following ways:

- 1. Help the course coordinator assess the validity and reliability of written and practical evaluations used in the course(s).
- 2. Assist in the starting of a self-study, a thorough analysis of all functions of the program.
- 3. Instructor development processes.
- 4. Application of technology in the classroom.

These are just a few areas in which the Section can assist. The Quality Improvement process can be conducted without any support or direction from the Section.

Quality Assurance Reviews

The course quality assurance review process is to ensure all records for the course are maintained by the training site representative and that they are accurate and in compliance with the requirements in this document and educational facilities policies and procedures. This is a detailed inspection of all records for a course or several courses. The main emphasis is to ensure correct and accurate documentation of course records. The quality assurance review may be conducted in conjunction with quality improvement assistance.

COURSE REQUIREMENTS

MINIMUM HOUR REQUIREMENT:

The EMS National Education Standards is competency based. Each educational level assumes mastery of previously stated competencies. Each individual must demonstrate each competency within his or her scope of practice and for patients of all ages.

This means your course length is based on time it take to instill the knowledge and skills to demonstrate each competency. Course length is estimated to take approximately 120-200 hours for EMT, 150 -250hours for A-EMT and Paramedic 1,100-2,000 hours.

CLINICAL EXPERIENCE

The Section has been requested by both hospital and ambulance services to inform you of their requirements and standards. The Section encourages educational facilities and agencies to have their students be professionally dressed, properly clean and follow the following procedures:

- 1. The student must wear appropriate clothing for a health care environment.
- The training site representative is encouraged to contact the facilities that his/her students
 will be working in and find out the particulars of their dress code and forward that information
 to the students.
- 3. The training site representative will be responsible to ensure the students have received adequate training in Body Substance Isolation to assure their safety in the clinical environment. The training site representative must have a written plan for students to follow in the event of contamination or exposure. This may be accomplished through an agreement with the clinical agency.
- 4. The students must wear an identification badge, have a pen and a watch, and bring their Practical Training Record Form to be signed by clinical personnel.
- 5. Clinical/field rotations: EMS trainees must have patient interactions in an actual working environment. The purpose these requirements are so the student can gain practical

experience as they gain confidence through demonstrating competency. The student should assess and develop a treatment plan by each level of course listed below:

EMT:

Students should observe emergency department and/or Medical Facility operations for a period of time sufficient to gain an appreciation for the continuum of care. Students must skills that is within their scope of practice. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc. or on standardized patients if clinical settings are not available.

AEMT: (Minimum Skills to be preformed)

- Demonstrate the ability to safely administer medications (the student should safely, and while performing all steps of each procedure, properly administer medications at least
- Demonstrate the ability to safely gain vascular access (the student should safely, and while performing all steps of each procedure, successfully access the venous circulation on live patients of various age groups or on standardized patients if clinical settings are not available).
- Demonstrate the ability to effectively ventilate unintubated patients of all age groups (the student should effectively, and while performing all steps of each procedure, ventilate patients of various age groups or on standardized patients if clinical settings are not available).
- Demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with chest pain.
- Demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with respiratory distress.
- Demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with altered mental status.
- Demonstrate the ability to perform an adequate assessment on pediatric, adult and geriatric patients.

LICENSURE REQUIREMENTS FOR THE ALL EMSP LEVELS

- 1. Submit completed application form and pass background check.
- 2. Submit all licensure fees.
- 4. Successfully complete the EMS course and receive a recommendation for certification from the Training Site Representative and course medical director.
- 5. Successfully complete the NREMT written certification exam.
- 6. Successfully complete the practical skills examination.
- 7. Students will have three initial chances to successfully complete psychomotor skills exam. If retesting is necessary, the student must make arrangements with the Section to schedule another test. If the student needs more than 3 attempts, a refresher training letter must be submitted verifying that the student had remedial training prior to their last 3 attempts.
- 9. For more detailed information please refer to the Psychomotor Skills Coordinator Manual.

STUDENT EXPECTATIONS

The EMS provider is an important, recognized part of the medical team. The standards are high to maintain the respected position on the medical team and in the community. To become a fully certified EMS provider, it will be necessary for the student to comply with certain requirements. These requirements are as follows, specific details are left up to each educational facility to determine these requirements:

- 1. Attendance.
- 2. **Documentation**
- 3. Class Participation
- 4. Identification
- 5. **Practical Training Record Form**
- 6. Clinical Experience
- 7. Recommendation for Certification
- 8. Psychomotor Skills Examination as set forth by the Section of EMS.
- 8. Licensure Requirements as set forth by the Section of EMS. State licensure may be issued upon successful completion of all the above listed requirements. It takes approximately three weeks following written and psychomotor testing for the results to be processed and the student to receive their license in the mail. Students will receive a state certificate, license card, and patch.

EMT: COURSE PREREQUISITES

Each Educational Facility shall set the minimum prerequisites for admission into an EMT or AEMT program

COURSE GOAL SUMMARY

After successful completion of the program, the student will be able to perform the following functions at the minimum entry level:

- 1. Recognize the nature and seriousness of the patient's condition or extent of injuries and be able to assess requirements for emergency medical care;
- 2. Administer appropriate emergency medical care based on assessment findings of the patient's condition;
- 3. Lift, move, position and otherwise handle the patient to minimize discomfort and prevent further injury;
- 4. Perform triage at a mass casualty incident, and.
- 5. Perform the expectations of the job description safely and effectively.

COURSE SCHEDULES

As EMT & AEMT levels are new levels with many new expectations and skills there is no minimum times per Module or Chapter. Training Site Representatives are to submit a course schedule that will provide the students with the knowledge, skills and competencies to provide appropriate patient care at their certification level. The Department will not approve an EMT or AEMT course that is scheduled for less than 120 hours each. A submitted course schedule or outline should follow the National Education Standards. Training Site Representatives do not have the latitude to alter the order of topics as they see fit but all content and NES competencies must be included in the course.

Consider the following outline as such a sample and not a mandatory style of outline to be submitted. Notice that all levels of certification have parallel modules and chapters in the National Education Standards instructor guidelines with different breadth and depth content for each level. A similar course outline could be applied to an AEMT. Obviously, the time-frames would vary since content and competencies are different at each level.

EMT COURSE OUTLINE				
	Module and Topic	Required Hours		
Module '	1 Preparatory			
1-1	EMS Systems			
1-2	Research			
1-3	Workforce Safety and Wellness			
1-4	Documentation			
1-5	EMS Systems Communication			
1-6	Therapeutic Communication			
1-7	Medical/Legal and Ethics			
Module 2	Anatomy and Physiology			
Module 3 Medical Terminology				
Module 4	Lifespan Development			
Module 5 public Health				
Module 6 Pharmacology				
6-1	Principles of Pharmacology			
6-2	Medication Administration			
6-3	Emergency Medications			
Module 7	Module 7 Airway Management, respiration & Artificial Ventilation			
7-1	Airway Management			

7-2 Respiration 7-3 Artificial Ventilation Module 8 Assessment 8-1 Scene Size-Up 8-2 Primary Assessment 8-3 History Taking	
Module 8 Assessment 8-1 Scene Size-Up 8-2 Primary Assessment	
8-1 Scene Size-Up 8-2 Primary Assessment	
8-2 Primary Assessment	
i 0-5 DISTOIV LAKINO	
8-4 Secondary Assessment	
8-5 Monitoring Devices	
8-6 Reassessment	
Module 9 Medicine	
9-1 Medical Overview	
9-2 Neurology	
9-3 Abdominal and Gastrointestinal Disorders	
9-4 Immunology	
9-5 Infectious Diseases	
9-6 Endocrine Disorders	
9-7 Psychiatric	
9-8 Cardiovascular	
9-9 Toxicology	
9-10 Respiratory	
9-11 Hematology	
9-12 Genitourinary/Renal	
9-13 Gynecology	
9-14 Non-Traumatic Musculoskeletal Disorders	
9-15 Diseases of the Eyes, Ears, Nose, and Throat	
Module 10 Shock and Resuscitation	
Module 11 Trauma	
11-1 Trauma Overview	
11-2 Bleeding	
11-3 Chest Trauma	
11-4 Abdominal and Genitourinary Trauma	

44.5	Outh and die Trauma			
11-5	Orthopedic Trauma			
11-6	Soft Tissue Trauma			
11-7	Head, Facial, Neck, and Spine Trauma			
11-8	Nervous System Trauma			
11-9	Environmental Emergencies			
11-10	Multisystem Trauma			
Module 12 Special Patient Populations				
12-1	Obstetrics			
12-2	Neonatal care			
12-3	Pediatrics			
12-4	Geriatrics			
12-5	Patients with Special Challenges			
Module 13 EMS Operations				
13-1	Principles of Safely Operating a Ground Ambulance			
13-2	Incident Management			
13-3	Multiple Casualty Incident			
13-4	Air Medical			
13-5	Vehicle Extracation			
13-6	Hazardous Materials			
13-7	Terrorism and Disaster			
13-7	Terrorism and Disaster			
	ten Evaluation			
Final Writ				
Final Writ	ten Evaluation	≥120		
Final Writ	ten Evaluation ctical Evaluation TOTAL COURSE HOURS	≥120		

ADVANCED-EMT:

ADVANCED-EMT: COURSE PREREQUISITES

The Advanced EMT candidate must be a Arkansas licensed EMT <u>prior</u> to enrolling in the course and must retain that certification throughout the course. This requirement by default means the candidate is current in Healthcare provider CPR. The Training Site Representative should validate currency in the CPR requirement.

AEMT ADVANCED SKILLS

- Gain IV access
 - Administer IV fluids
- Gain intraosseous access for pediatric patients
 - Administer IV fluids
- Insert supraglottic airways
 - King airway, combitube, etc
- Medications
 - Aspirin
 - Nitroglycerin Paste, spray, tablets
 - Epinephrine Sub-q and IM
 - Albuterol
 - Dextrose (50%)
 - Glucagon
 - Glucose (oral)
 - Naloxone
 - Oxygen
 - Nitrous Oxide

ASSESSING STUDENT ACHIEVEMENT

This process is the same at all levels.

COURSE GOALS

Each AEMT course should have a course goal. The course goal is a statement of the desired outcome of the course, and typically references graduating competent entry-level providers. By design, course goals are broad based, but establish the parameters by which the effectiveness of the course will be evaluated. A course may have multiple goals, but most use one for clarity. For example, a typical course goal statement might read:

The goal of the AEMT education course is to produce competent, entry level AEMTs within the EMS system.

If the course provided additional training that is clearly not within the definition of the AEMT practitioner, then additional information should be included in the goal. Education planning should be based on the course goal and the expectations of the health care community. The goal should be made known to all members of the communities of interest, especially the students and faculty.

The goal will be used to select appropriate curricular materials, clinical experiences, and many other aspects of course planning.

COURSE SCHEDULES

As noted with the sample course schedule on page 18; all levels of certification have parallel modules and chapters in the National Education Standards instructor guidelines with different breadth and depth content for each level. A similar course outline could be applied to an A-EMT course. Obviously, the time-frames would vary since content and competencies are different at this

EMS INSTRUCTOR

CERTIFICATION REQUIREMENTS

The candidate for EMS Instructor certification must:

- 1. Be a certified Arkansas EMS provider for at least two years.
- 2. Complete instructor application
- 3. Submit a letter of recommendation from the training site representative of an accredited EMS Education Program with the application.
- 4. Current signed CPR Instructor card (American Heart Association or American Red Cross) documenting completion of a CPR course designed specifically for healthcare providers.
- 5. Complete a Lay Evaluator Training program prior to starting any EMSP instructor course
- 6. Successfully complete a Section approved forty (40) hour EMSP Instructor course. For successful completion, students must complete the end of course didactic examination with a minimum score 80%, and meet all other course requirements.

Training Site Representative

SAMPLE JOB DESCRIPTION: EMT

The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. EMTs function as part of a comprehensive EMS response under medical oversight. EMTs perform interventions with the basic equipment typically found on an ambulance. The EMT is a link from the scene to the emergency health care system.

- Responds to emergency calls to provide efficient and immediate care to the critically ill and injured.
- Transports the patient to a medical facility.
- After receiving the call from the dispatcher, drives the ambulance to address or location given, using the most expeditious route, depending on traffic and weather conditions.
- Observes traffic ordinances and regulations concerning emergency vehicle operation.
- Upon arrival at the scene of crash or illness, parks the ambulance in a safe location to avoid additional injury.
- Prior to initiating patient care:

- completes a size-up of the scene to determine that the scene is safe.
- determines the mechanism of injury or nature of illness.
- determines the total number of patients and requests additional help, if necessary
- In the absence of law enforcement, creates a safe traffic environment, such as: the placement of road flares
- removal of debris
- re-direction of traffic for the protection of the injured and those assisting in

the

care of injured patients

- Determines the nature and extent of illness or injury and establishes priority for required emergency care
- Based on assessment findings, renders emergency medical care to adult, infant and child, medical, and trauma patients
- Duties include but not limited to:
 - opening and maintaining an airway
 - ventilating patients
 - cardiopulmonary resuscitation, including use of automated external defibrillators
- Provide pre-hospital emergency medical care of simple and multiple system trauma such as:
 - controlling hemorrhage
 - treatment of shock (hypoperfusion)
 - bandaging wounds
 - immobilization of painful, swollen, and deformed extremities
- Provide pre-hospital emergency care for the medical patient including:
 - assisting in childbirth
 - management of respiratory
 - cardiac, diabetic, allergic, behavioral and environmental emergencies
 - suspected poisonings
- Searches for medical identification emblem as a clue in providing emergency care
- Additional care and/or interventions are provided based upon assessment of the patient and obtaining historical information. These interventions include assisting patients with prescribed medications including:
 - Sublingual nitroglycerin
 - Epinephrine auto-injectors
 - Hand-held aerosol inhalers
 - Oxygen
 - Oral glucose
 - Activated charcoal
 - Aspirin
- Upon affiliation with a pre-hospital agency, recognizing and learning that agency's protocol for all medication administration and interventions
- Reassures patients and bystanders by working in a confident, efficient manner

- Avoids mishandling and undue haste while working expeditiously to accomplish the task
- Where a patient must be extricated from entrapment:
 - assesses the extent of injury
 - gives all possible emergency care and protection to the entrapped patient
 - uses the prescribed techniques and appliances for safely removing the patient
 - if needed, radios the dispatcher for additional help or special rescue and/or utility services.
- After extrication, provides additional care in triaging the injured in accordance with standard emergency procedures
- Complies with regulations on the handling of the deceased:
 - notifies authorities
 - arranges for protection of property and evidence at the scene
- Lifts stretcher, placing in ambulance and seeing that the patient and stretcher are secured, continues emergency medical care.
- From the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by medical direction
- Reports directly to the emergency department of communications center:
 - The nature and extent of injuries
 - The number being transported
 - The destination to assure prompt medical care upon arrival at the facility
- Identifies assessment findings which may require communications with medical direction for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.
- Constantly assesses patient en-route to emergency facility
- Administers additional care as indicated or directed by medical direction
- Assists in lifting and carrying the patient out of the ambulance and into the receiving facility
- Reports verbally and in writing their observation and emergency medical care of the patient at the emergency scene and in transit to the receiving facility staff for purposes of records and diagnostics
- Upon request, provides assistance to the receiving facility staff
- After each call:
 - restocks and replaces used linens, blankets and other supplies
 - cleans all equipment following appropriate disinfecting procedures
 - makes careful check of all equipment so that the ambulance is ready for the next run
- Maintains ambulance in efficient operating condition
- In accordance with local, state or federal regulations, decontaminates the interior of the vehicle

after transport of patient with contagious infection or hazardous materials exposure

- Determines that vehicle is in proper mechanical condition by checking items required by service management
- Maintains familiarity with specialized equipment used by the service
- Attends continuing education and refresher training programs as required by employers, medical direction, licensing or certifying agencies
- Meets qualifications within the Functional Position Description

JOB DESCRIPTION: ADVANCED-EMT

Advanced-EMTs have fulfilled prescribed requirements by the Section. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury for emergency patients in the out-of-hospital setting.

AEMTs possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. A-EMTs recognize that they are an essential component of the continuum of care and serve as a link for emergency patients to acute care resources.

The primary roles and responsibilities of AEMTs are to maintain high quality, out-of-hospital emergency care. Ancillary roles of the AEMT may include public education and health promotion programs as deemed appropriate by the community.

AEMTs are responsible and accountable to medical direction, the public, and their peers. A-EMTs recognize the importance of research. A-EMTs seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.